

NAME:

Address:

City: State: Zip:

Email:

Gender: M ☐ F ☐ Birthday: MO DAY YEAR

Phone #: - -

Is this your first 1/2 marathon? ☐ Yes ☐ No Estimated Finish Time: _____ hrs _____ min

Are you a Community Member or Resident of SRPMIC? ☐ Yes ☐ No If yes, SRID#: _____

If no, tribal affiliation: _____

Are you a SRPMIC Tribal/Enterprise Employee? ☐ Yes ☐ No If yes, Dept.: _____

Signature (if under 18yrs of age, parent/guardian signature)

Date

MAIL REGISTRATION TO

SRPMIC – Administration

Attn: Toni Harvier

10005 E Osborn Rd

Scottsdale, AZ 85256

or

SRPMIC – Fitness Center

ATTN: Michelle N. Reina-Long

10005 E Osborn Rd

Sottsdale, AZ 85256



I on behalf of myself, marital community, and heirs and assigns hereby irrevocably release and forever discharge the SRPMIC/Divisions/Event Sponsors including its past and present insurers, attorneys, agents, representatives, employees, successors, assigns, heirs and administrators ("the Released Parties"), from any and all claims, demands, obligations, losses, causes of action, costs, expenses, attorney fees and liabilities of any nature whatsoever, whether based on contract, tort, statutory or other legal or equitable theory of recovery, whether known or unknown, which I have, had or claim to have against any or all of the Released Parties, including but not limited to any and all claims which relate to, arise from, or are in any manner connected to participation in the October 26, 2013, 5th Annual SRPMIC Half Marathon, the Youth Progressive Half Marathon, Half Marathon Relay. I acknowledge that I am aware of the inherent risks in participating in an athletic event of this type. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. Furthermore, I hereby grant full permission to any and all of the foregoing to use my name, my voice, and/or my picture in any broadcast, telecast, advertising, promotion or other account of this event for any purposes whatsoever. **I understand that the entry fee is nonrefundable and numbers are nontransferable.** Guidelines exclude runners going backwards, animals, bicycles, baby strollers, baby joggers, roller skates, scooters and skateboards. It is our intent to furnish the safest possible race course

TEAM CAPTAIN

Signature (if under 18yrs of age, parent/guardian signature)

Date

5th Annual 2013 RED MOUNTAIN HALF MARATHON

SALT RIVER, AZ



SATURDAY, OCTOBER 26, 2013

SALT RIVER HIGH SCHOOL ATHLETICS BUILDING

4827 N. Country Club Dr. (Country Club Dr. & Chaparral)



EVENTS:

INDIVIDUAL HALF MARATHON ☆ HALF MARATHON RELAY ☆ YOUTH PROGRESSIVE HALF

7:30 am – Youth Mile (Youth Progressive 1/2)

8:00 am – Individual & Relay Half Marathon

Question contact: Michelle N. Reina-Long at 480-362-7320

or michelle.long@srpmic-nsn.gov



REGISTRATION FORM

SELECT EVENT

☐ Individual 1/2 ☐ 1/2 Marathon Relay ☐ Youth Progressive 1/2

NAME:

Individual – RELAY CAPTAIN – Youth Progressive

Address:

City: State: Zip:

Email:

Gender: M ☐ F ☐ Birthday: MO DAY YEAR

Phone #: - -

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T-shirt size will be selected at packet pick-up

500 cap for Individual & Relay

150 cap for Youth Progressive

NO RACE DAY REGISTRATION

CASH OR MONEY ORDER ONLY

Make money order payable to SRPMIC

ENTRY FEES

1/2 MARATHON EVENTS	SRPMIC MEMBERS w/SRID	Non-SRPMIC MEMBERS
INDIVIDUAL	\$30 (\$10 increase after Oct 11 th)	\$40 (\$10 increase after Oct 11 th)
RELAY (4-person team)	\$100 (\$20 increase after Oct 11 th)	\$100 (\$20 increase after Oct 11 th)
YOUTH PROGRESSIVE	\$5.00	\$5.00

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